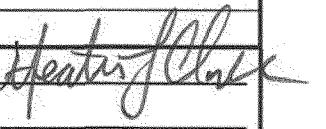




## INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> Gold King Mine Incident Region 9	<b>2. Operational Period:</b> Date From: 16AUG15 Time From: 0700	Date To: 17AUG15 Time To: 0700
<b>3. Objective(s):</b> <p>1. Safety           <ul style="list-style-type: none"> <li>- Provide safe working environment for all response personnel.</li> <li>- Maximize protection of public health and welfare.</li> <li>- Identify safety issues and monitor adherence to the Health and Safety Plan.</li> </ul> </p> <p>2. Sampling           <ul style="list-style-type: none"> <li>- Conduct daily water and sediment sampling at 11 identified sites on the San Juan River.</li> </ul> </p> <p>3. Water and Agricultural Needs           <ul style="list-style-type: none"> <li>- Procure water truck and establish watering points.</li> <li>- Establish need and delivery of feed for livestock.</li> </ul> </p> <p>4. Public Outreach           <ul style="list-style-type: none"> <li>- Coordinate public forum at which Navajo tribal leaders and community members can address Incident Command representatives.</li> <li>- Set up a public meeting with members of the Navajo nation</li> </ul> </p>		
<b>4. Operational Period Command Emphasis:</b> <ul style="list-style-type: none"> <li>- Ultimate safety of responders and the public.</li> <li>- Build stronger relationship between Incident Command and the public</li> <li>- Continue water sampling and analysis.</li> </ul>		
<b>General Situational Awareness</b> <ul style="list-style-type: none"> <li>- Potential weather (lightening, heavy rain, etc)</li> <li>- Heat Stress</li> <li>- Fatigue</li> <li>- Driving on off-road terrain</li> </ul>		
<b>5. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b>		
<b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan):		
<input checked="" type="checkbox"/> ICS 202	<input checked="" type="checkbox"/> ICS 206	<u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input checked="" type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 207	
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	
<input type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart	
<input checked="" type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	
<b>7. Prepared by:</b> Name: Heather Clark (GST) Position/Title: Deputy PSC Signature: 		
<b>8. Approved by Incident Commander:</b> Name: Bret Moxley Signature: 		
ICS 202	IAP Page _____	Date/Time: 15AUG15 1600

# ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b> Gold King Mine Incident - Region 9		<b>2. Operational Period:</b> Date From: 16AUG15 Time From: 0700			<b>Date To:</b> 17AUG15 <b>Time To:</b> 0700
<b>3. Incident Commander(s) and Command Staff:</b>		<b>7. Operations Section:</b>			
IC/UCs	Bret Moxley - EPA R9 OSC	Chief	Maggie Waldon	EPA	
		Deputy			
Deputy		Staging Area			
Safety Officer	Gary Barnum - USCG PST	Branch	Navajo		
Public Info. Officer		Branch Director	Maggie Waldon	EPA	
Liaison Officer		Deputy			
<b>4. Agency/Organization Representatives:</b>		Division/Group	Water Sampling	Patricia Bleckley	
Agency/Organization	Name	Division/Group	Water and Agricultural	Dan Heister	
Navajo Liaison	David Nez	Division/Group	Water Monitor Install	Peter Husbey	
Navajo IC	LT Phillip Joe	Division/Group			
		Division/Group			
		Branch	Community Relations		
		Branch Director	Amanda Pease	EPA	
		Deputy			
<b>5. Planning Section:</b>		Division/Group			
Chief	Sheridan McClellan (USCG GST)	Division/Group			
Deputy	Heather Clark (USCG GST)	Division/Group			
Resources Unit		Division/Group			
Situation Unit	Kathleen Dillon (USCG AST)	Division/Group			
Documentation Unit		Branch	Lake Powell		
Demobilization Unit		Branch Director	Tom Dunkleman	EPA	
Technical Specialists		Deputy	Bill Robbeson (Liaison)	EPA	
		Division/Group	Water Sampling	START	
		Division/Group			
		Division/Group			
<b>6. Logistics Section:</b>		Division/Group			
Chief	Jason Curry (ERRS)	Division/Group			
Deputy	Peter Lawrence (ERRS)	<b>Air Operations Branch</b>			
Support Branch		Air Ops Branch Dir.			
Director	Patrick Bennett (ERRS)				
Supply Unit	Robert Wiscombe (ERRS)				
Facilities Unit		<b>8. Finance/Administration Section:</b>			
Ground Support Unit		Chief	Kay Lawrence		
Service Branch		Deputy			
Director		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
Food Unit		Cost Unit			
<b>9. Prepared by:</b> Name: <u>Heather Clark</u>		Position/Title: <u>Deputy PSC</u>	Signature: 		
ICS 203	IAP Page <u>_____</u>	Date/Time: 15AUG15			

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## ASSIGNMENT LIST

ICS 204-CG (Rev 04/04)

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**ASSIGNMENT LIST**

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ICS 204-CG (Rev 04/04)

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## ASSIGNMENT LIST

ICS 204-CG (Rev 04/04)

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**ASSIGNMENT LIST**

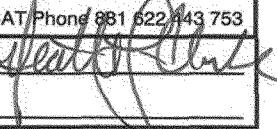
ICS 204-CG (Rev 04/04)

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**ASSIGNMENT LIST**

ICS 204-CG (Rev 04/04)

## COMMUNICATIONS LIST (ICS 205A)

<b>1. Incident Name:</b> King Gold Mine Incident Region 9		<b>2. Operational Period:</b> Date From: 16AUG15 Time From: 0700	Date To: 17AUG15 Time To: 0700
<b>3. Basic Local Communications Information:</b>			
Incident Assigned Position	Name (Alphabetized)	Method(s) of Contact (phone, pager, cell, etc.)	
Incident Commander	Bret Moxley (EPA)	415-971-7720	
Incident Commander	Randy Nattis (EPA)	415-940-1108	
Planning Section Chief	Sheridan McClellan (USCG GST)	251-441-2348	
Deputy Planning Section Chief	Heather Clark (USCG GST)	336-406-4165	
Situation Unit Leader	Kathleen Dillon (USCG AST)	518-788-7264	
Safety Officer	Gary Barnum (USCG PST)	207-907-9718	
Operations Section Chief	Maggie Waldon (EPA)	415-941-1109	
Community Outreach Branch Director	Amanda Pease (EPA R9 CIC)	858-603-2344	
Support Branch Director	Patrick Bennett (ERRS - EQM)	206-496-3281	
Community Outreach Navajo	Secody Hobbar (EPA CIC)	415-972-3241	
Community Outreach Navajo	David Yogi (EPA R9 CIC)	415-760-5419	
Community Outreach Navajo	Linda Reeves (EPA R9 CIC)	510-684-6507	
Navajo Incident Commander	LT Phillip Joe	505-320-7424	
Navajo Emergency Management	David Nez (Navajo Liaison)	928-206-2318	
Finance Section Chief	Kay Lawerence	415-235-0105	
Logistics (EERS)	Jason Coury (ERRS - EQM)	206-276-0138	
Support Branch	Robert Wiscombe (ERRS - EQM)	208-756-7336	
Water and Ag Distribution	Dan Heister (EPA)	206-605-6634	
Jet Boat Operator	John Bradley	702 985 7641	
Navajo Shiprock Council	Honorable Amber Crotty	928-871-6380	
Gold King Mine JIC		970-812-3351	
Navajo Ranger	Lorenzo Lapahie	505-406-6612	
WQ Monitor Instillation	Peter Husbey (EPA)	510-846-1173	
Logistics (EERS)	Peter Lawerence (EERS - EQM)		
Field Team	Brian McInnis (USCG AST)	207-907-9718	
START / Weston	Nick Cochran	858-335-8392	
START / Weston	Scott Cropper	760-908-5762	
START / Weston	Karen Berecz	214-563-5347	
START / Weston	Ryle Yopps	775-842-2121	
START / Weston	Cole Grube	530-965-2757	
Field Team	Lucas Machego (USCG PST)	817-715-9996	
Field Team	Cody Tedeshi (USCG PST)	925-286-6250	
START SAT 1 881 651 427 796	START SAT 2		
GST SAT Phone 881 622 454 203	AST SAT Phone 881 641 444 463	PST SAT Phone 881 631 459 766 / EQM SAT Phone 881 622 443 753	
<b>4. Prepared by:</b> Name: Heather Clark		Position/Title: Deputy PSC	Signature: 
ICS 205A	IAP Page	Date/Time: 15AUG15 - 0900	

COMMUNICATIONS LIST (ICS 205A) Page 2

4. Prepared by: Name: Heather Clark

Position/Title: Deputy PSC

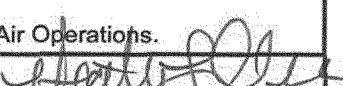
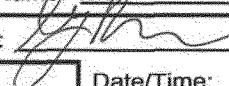
Signature:

ICS 205A

IAP Page 20

Date/Time: 15AUG15 - 0900

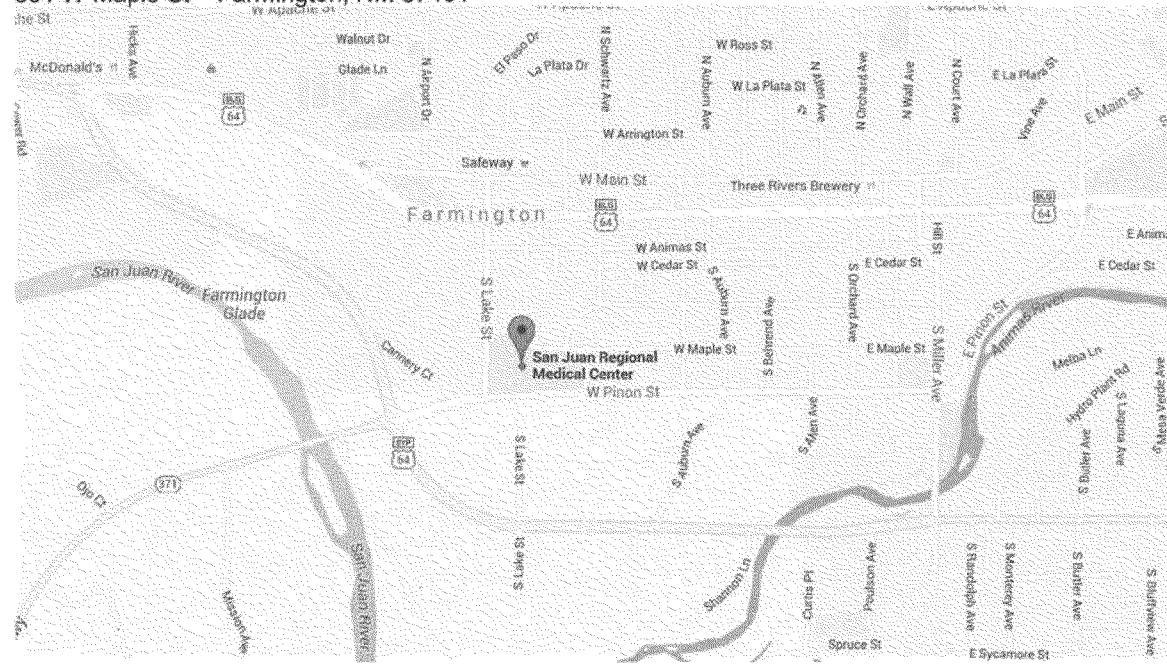
# MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b> Gold King Mine Release - Region 9		<b>2. Operational Period:</b> Date From: 16AUG15 Time From: 0700		Date To: 17AUG15 Time To: 0700			
<b>3. Medical Aid Stations:</b>							
Name	Location	Contact Number(s)/Frequency		Paramedics on Site?			
Swift Water Rescue	Farmington Fire Department	505-947-4156		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Swift Water Rescue	San Juan County	505-333-3123		<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4. Transportation (indicate air or ground):</b>							
Ambulance Service	Location	Contact Number(s)/Frequency		Level of Service			
San Juan Regional	Farmington, NM	911		<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
San Juan Regional Air Care	Farmington, NM	505-609-6911		<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
				<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
				<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
<b>5. Hospitals:</b>							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
San Juan Regional Medical Center	801 W Maple St Farmington, NM 87401	505-609-2000			<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Special Medical Emergency Procedures:</b>							
In the event of an emergency call 911. Transport patient if possible if far away from Farmington, NM. Contact the SOFR 609-234-0826 and immediate supervisor.							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
<b>7. Prepared by (Medical Unit Leader):</b> Name: Heather Clark (Dep PSC) Signature: 							
<b>8. Approved by (Safety Officer):</b> Name:  Signature: GARY BARNUM, MBSI							
ICS 206	IAP Page _____	Date/Time: 15AUG15 1900					

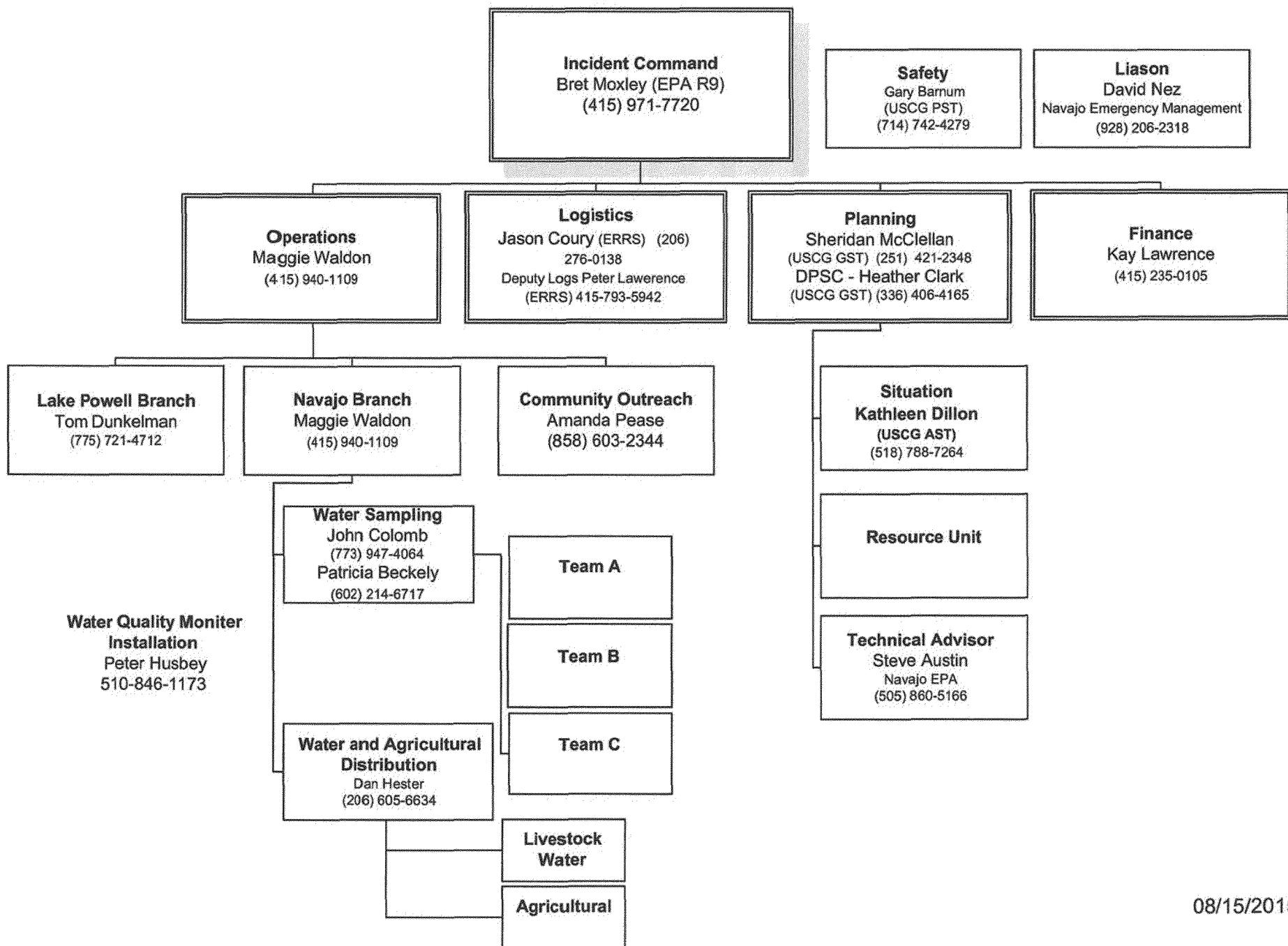
ICS 206 A

San Juan Regional Medical Center- 505-609-2000

801 W Maple St Farmington, NM 87401



# Gold King Mine Incident Region 9 ICP Farmington



EMERGENCY SAFETY and RESPONSE PLAN	1. Incident Name Gold King Mine Release				2. Date/Time Prepared 8/13/2015 1400				3. Operational Period				4. Attachments: Attach MSDS for each Chemical:			
5. Organization IC/UC: US EPA REGION 9	Safety: Gary Barnum (USCG PST)				Entry Team: Sampling and On-Water Teams				Backup Team: n/a				Decon Team: n/a			
6.a. Physical Hazards and Protection	6.b. Confined Space <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Heat Stress <input type="checkbox"/> Cold Stress <input type="checkbox"/> Electrical <input checked="" type="checkbox"/> Animal/Plant/Insect <input type="checkbox"/> Ergonomic <input type="checkbox"/> Ionizing Rad <input type="checkbox"/> Slips/Trips/Falls <input checked="" type="checkbox"/> Struck by <input checked="" type="checkbox"/> Water <input type="checkbox"/> Violence <input type="checkbox"/> Excavation <input type="checkbox"/> Biomedical waste and/or needles <input checked="" type="checkbox"/> Fatigue <input checked="" type="checkbox"/> Other (specify)															
6.c. Tasks & Controls	6d Entry Permit	6.e. Ventilate	6f. Hearing Protection	6g. Shoes (type)	6h. Hard Hats	6i. Clothing (cold wx)	6j. Life Jacket	6l. Work/Rest (hrs)	6m. Fluids (amt/time)	6n. Signs & Barricade	6p. Fall Protect	6q. Post Guards	6r. Flash Protect	6s. Work Gloves	6t. Other	
SAMPLING TEAM (SHORE)				ST TW				15min	1L/hr					NG		
SAMPLING TEAM (ON WATER)				DBL	ST TW			Y	15min	1L/hr				NG		
7.a. Agent	7.b. Hazards				7.c. Target Organs				7.d. Exposure Routes				7.f. PPE		7.g. Type of PPE	
Acid Mine Drainage (AMD)	Explosive <input type="checkbox"/>	Radioactive <input type="checkbox"/>	Eyes <input type="checkbox"/>	Nose <input type="checkbox"/>	Skin <input checked="" type="checkbox"/>	Ears <input type="checkbox"/>	Inhalation <input type="checkbox"/>	Absorption <input checked="" type="checkbox"/>	Ingestion <input checked="" type="checkbox"/>	Injection <input checked="" type="checkbox"/>	Membrane <input type="checkbox"/>	Foot Wear <input checked="" type="checkbox"/>	Eyes <input checked="" type="checkbox"/>	Gloves <input checked="" type="checkbox"/>	STEEL TOE BOOTS	
	Flammable <input type="checkbox"/>	Carcinogen <input type="checkbox"/>	Central Nervous System <input checked="" type="checkbox"/>	Respiratory <input type="checkbox"/>	Throat <input type="checkbox"/>	Lungs <input type="checkbox"/>	Inner Suit <input type="checkbox"/>	Splash Suit <input type="checkbox"/>	Level A Suit <input type="checkbox"/>	SCBA <input type="checkbox"/>	APR <input type="checkbox"/>	SAR <input type="checkbox"/>	Cartridges <input type="checkbox"/>	SUNSCREEN		
	Reactive <input type="checkbox"/>	Oxidizer <input type="checkbox"/>	Respiratory <input type="checkbox"/>	Throat <input type="checkbox"/>	Lungs <input type="checkbox"/>	Heart <input type="checkbox"/>	Liver <input type="checkbox"/>	Membrane <input type="checkbox"/>								
	Biomedical <input type="checkbox"/>	Corrosive <input checked="" type="checkbox"/>	Specify Other: <input checked="" type="checkbox"/>	Heavy Metals <input type="checkbox"/>	Kidney <input type="checkbox"/>	Blood <input type="checkbox"/>	Lungs <input type="checkbox"/>									
	Toxic <input checked="" type="checkbox"/>				Circulatory <input type="checkbox"/>	Gastrointestinal <input type="checkbox"/>										
					Bone <input type="checkbox"/>	Other Specify: <input type="checkbox"/>										
8. Instruments: N/A	8.a. Action Levels	8.b. Chemical Name(s): N/A			8.c. LEL/UEL %	8.d. Odor Thresh Ppm	8.e. Ceiling/ IDLH	8.f. STEL/TLV	8.g. Flash Pt/ Ignition Pt (F or C)	8.h. Vapor Pressure (mm)	8.i. Vapor Density	8.j. Specific Gravity	8.l. Boiling Pt F or C			
O2 <input type="checkbox"/>		N/A														
CGI <input type="checkbox"/>																
Radiation <input type="checkbox"/>																
Total HCs <input type="checkbox"/>																
Colorimetric <input type="checkbox"/>																
Thermal <input type="checkbox"/>																
Other <input type="checkbox"/>																

<b>EMERGENCY SAFETY and RESPONSE PLAN (Cont)</b>	1. Incident Name Gold King Mine Release		2. Date/Time Prepared 8/13/2015 1300	3. Operational Period	4. Attachments: Attach MSDS for each Chemical	
9. Decontamination: Instrument Drop Off <input type="checkbox"/> Outer Boots/Glove Removal <input type="checkbox"/> Suit/Gloves/Boot Disposal <input type="checkbox"/>	Suit Wash <input type="checkbox"/> Decon Agent: Water <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____	Bottle Exchange <input type="checkbox"/> Outer Suit Removal <input type="checkbox"/> Inner Suit Removal <input type="checkbox"/> SCBA/Mask Removal <input type="checkbox"/>	SCBA/Mask Rinse <input type="checkbox"/> Inner Glove Removal <input type="checkbox"/> Work Clothes Removal <input type="checkbox"/> Body Shower <input type="checkbox"/>	Intervening Steps <input type="checkbox"/> Specify: _____		
10. Site Map. Include: Work Zones, Locations of Hazards, Security Perimeter, Places of Refuge, Decontamination Line, Evacuation Routes, Assembly Point, Direction of North <input type="checkbox"/> Attached, <input checked="" type="checkbox"/> Drawn Below:						
11.a. Potential Emergencies: Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Other <input type="checkbox"/>	11.b. Evacuation Alarms: Horn <input type="checkbox"/> # Blasts <input type="checkbox"/> Bells <input type="checkbox"/> #Rings <input type="checkbox"/> Radio Code <input type="checkbox"/> Other: Verbal	11.c Emergency Prevention and Evacuation Procedures: Safe Distance: _____				
12. a. Communications: Radio <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Other <input type="checkbox"/>	12.b. Command #: 714-742-4279- SOFR	12.c. Tactical #: n/a	12.d. Entry #: n/a			
13.a. Site Security: Personnel Assigned N/A	13.b. Procedures: N/A			13.c. Equipment: n/a		
14.a. Emergency Medical: Personnel Assigned: No	14.b. Procedures: All medical emergencies report to closest hospital (See ICS 206, Med Plan)			14.c Equipment:		
15. Prepared by: Gary Barnum	16. Date/Time Briefed: 8/13/2015 1400			ICS-208-CG SSP-A Page 2. (rev 9/06): Page 2 of 6		

<b>CG ICS SITE SAFETY PLAN (SSP) HAZARD ID/EVAL/CONTROL</b>		1. Incident Name Gold King Mine Release	2. Date/Time Prepared 8/12/2015 1300	3. Operational Period	4. Safety Officer (include method of contact) Gary Barnum (USCG PST) 714-742-4279
5. Supervisor/Leader Sampling DIV/GRP Suprvisors	6. Location and Size of Site <b>Animas/San Juan Rivers</b>	7. Site Accessibility Land <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input type="checkbox"/> Comments: <b>Animas/San Juan Rivers</b>	8. For Emergencies Contact: SOFR, Supervisor	9. Attachments: <b>Attach MSDS for each Chemical</b>	
10.a. Job Task/Activity	10.b. Hazards* 	10.c. Potential Injury & Health Effects	10.d. Exposure Routes	10.e. <u>Controls</u> : Engineering, Administrative, PPE	
Sampling Teams (LAND)	Fatigue Physical/Safety Toxic Heat Stress Drowning Driving Slips/Trips/Falls Snakes Insects	Potential crash Bumps/Scrapes/Cuts Skin Irritation/Organ Effects Heat Exhaustion Death Potential Crash Bumps/Scrapes/Cuts	Inhalation <input type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input type="checkbox"/> <input type="checkbox"/>	Rest Supplied PPE Supplied PPE Plenty of Water/ Rest PFD Rest and trade off driving PPE	
Sampling Teams (ON WATER)	Fatigue Physical/Safety Toxic Heat Stress Drowning Driving Slips/Trips/Falls Snakes Insects	Potential crash Bumps/Scrapes/Cuts Skin Irritation/Organ Effects Heat Exhaustion Death Potential Crash Bumps/Scrapes/Cuts	Inhalation <input type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input type="checkbox"/> <input type="checkbox"/>	Rest Supplied PPE Supplied PPE Plenty of Water/ Rest PFD Rest and trade off driving PPE	
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> <input type="checkbox"/>		
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> <input type="checkbox"/>		
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> <input type="checkbox"/>		
11. Prepared By: Gary Barnum	12. Date/Time Briefed: 8/13/2015 1300	<b>*HAZARD LIST:</b> Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving			<b>ICS-208-CG SSP-B (rev 9/06): Page 3 of 6</b>

<b>CG ICS SSP: SITE MAP</b>		1. Incident Name Gold King Mine Release	2. Date/Time Prepared 8/12/2015 1300	3. Operational Period	4. Safety Officer (include method of contact) Gary Barnum (USCG PST) 714-742-4279
5. Supervisor/Leader Sampling DIV/GRP Suprvisors	6. Location and Size of Site	7. Site Accessibility Land <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input type="checkbox"/> Comments:	8. For Emergencies Contact: 911	9. <u>Include:</u> - Work Zones - Locations of Hazards - Security Perimeter - Places of Refuge - Decontamination Line - Evacuation Routes	
10. Sketch of Site: <input checked="" type="checkbox"/> Attached. <input type="checkbox"/> Drawn Here					
<p>Area of Work is Farmington, NM to Mexican Hat, AZ.</p>					
11. Prepared By: Gary Barnum (USCG PST)	12. Date/Time Briefed: 8/13/2015 1400	HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving			<b>ICS-208-CG SSP-C (rev 9/06):</b> Page 4 of 6

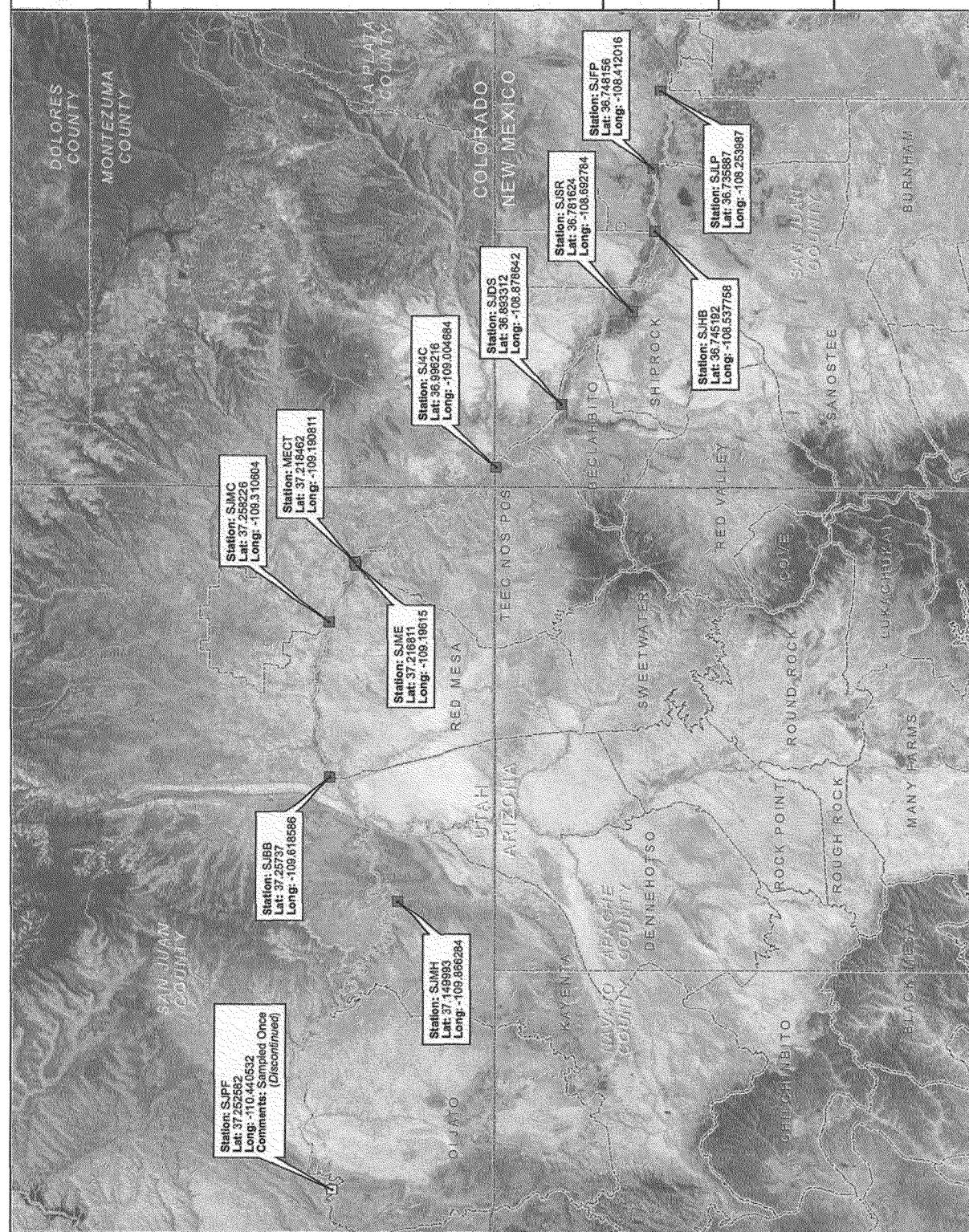
<b>CG ICS SSP: EMERGENCY RESPONSE PLAN</b>	1. Incident Name Gold King Mine Release	2. Date/Time Prepared 8/13/2015 1400	3. Operational Period	4. Safety Officer (include method of contact) Gary Barnum (USCG PST) 714-742-4279
5. Supervisor/Leader Sampling DIV/GRP Suprvisors	6. Location and Size of Site	7. For Emergencies Contact: 911		8. Attachments: <b>INCLUDE ICS FORM 206 and EMT Medical Response Procedures</b>
9. Emergency Alarm (sound and location)	10. Backup Alarm (sound and location)	11. Emergency Hand Signals	12. Emergency Personal Protective Equipment Required:	
Buddy System /Supervisor		Waving of Hands	NA	
13. Emergency Notification Procedures	14. Places of Refuge (also see site map form 208B)	15. Emergency Decon and Evacuation Steps		16. Site Security Measures
1. 911 2. Contact Supervisor 3. Contact SOFR	Closest Building/Vehicle	1. Move to closest hospital 2. Notify Supevisor 3. SOFR		N/A
17. Prepared By: Gary Barnum (USCG PST)	18. Date/Time Briefed: 8/13/2015 1400	<b>HAZARD LIST:</b> Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving		<b>ICS-208-CG SSP-D (rev 9/06)</b> Page 5 of 6

<b>CG ICS SSP: PERSONAL PROTECTIVE EQUIPMENT</b>	1. Incident Name Gold King Mine Release	2. Date/Time Prepared 8/13/2015 1400	3. Operational Period	4. Safety Officer (include method of contact) Gary Barnum (USCG PST) 714-742-4279
4. Supervisor/Leader Sampling DIV/GRP Supervisors	6. Location and Size of Site	7. Hazards Addressed:	8. For Emergencies Contact: 911	
9. Equipment:  PFD  Nitrile Gloves  Steel Toe Boots  Sunscreen  Safety Glasses	Hearing Protection			10. References Consulted:
11. Inspection Procedures:  1. PFD- Look for tears broken zippers check size.  2.Nitrile Gloves- proper application, no tears, new glovs.  3. Steel Toe Boots- Proper Fit, no holes  4. Suscreen- apply before getting in sun  5. Safety Glasses- proper fit  6. Hearing Protection- Proper fitting	12. Donning Procedures: NA	13. Doffing Procedures: NA	14. Limitations and Precautions (include maximum stay time in PPE): NA	
15. Prepared By: Gary Barnum	16. Date/Time Briefed: 8/13/2015 1300	Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning	<b>ICS-208-CG SSP-F:</b> <b>(Rev 9/06)</b> Page 6 of 6	

**SAN JUAN RIVER RESPONSE**  
**SAMPLING LOCATIONS**  
Emergency Response  
EPA Region 9

**Legend**

- Sampling Locations
- San Juan River & Tributaries
- State Boundary
- County Boundary
- Navajo Nation



PREPARED BY:  
Region 9, START  
Weston Solutions, Inc.  
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PREPARED FOR:  
EPA Region 9  
Pacific  
Southwest

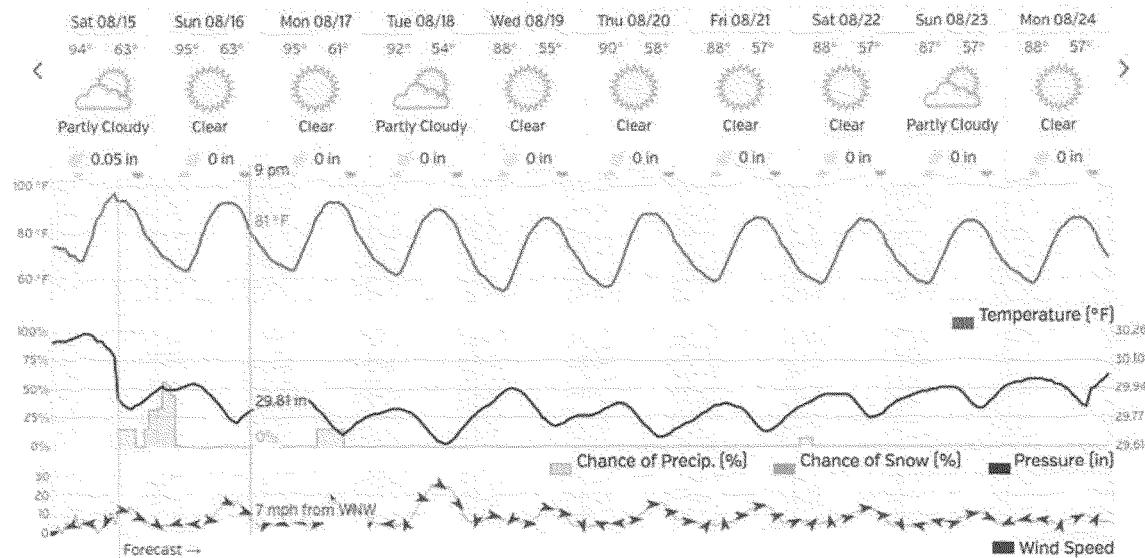
SEPA

San Juan River Protection Agency



0 Miles 30

## Farmington, NM



## Mexican Hat, UT

